NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

CT 22-AE SPA: October 2022 HCPCS Billing Code and Additional Reimbursement Updates to Specified Fee Schedules, Adding Monkeypox Testing and Vaccinations to Select Fee Schedules, Coverage Expansions for Naturopath Services and Behavioral Health Clinicians

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after October 1, 2022, SPA 22-AE will amend, as applicable, Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to make the coverage and reimbursement updates detailed below.

First, this SPA incorporates various October 2022 federal Healthcare Common Procedure Coding System (HCPCS) billing code updates (additions, deletions and description changes) to the physician office and outpatient, medical clinics, and DME/MEDS fee schedules. Newly added codes are being priced using a comparable methodology to other codes in the same or similar category. The purpose of this change is to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA amends Attachment 4.19-B to implement the following increase to the rate for the following long-acting reversible contraceptive [LARC] device on the physician office and outpatient fee schedule.

Code	Description	Rate
J7307	Etonogestrel implant system	$1092.48

The purpose of this change is to maintain access to LARC devices by ensuring that the rate continues to align with the providers' costs of obtaining the device.

Third, the procedure code for the monkeypox diagnostic testing will be added to the following fee schedules: family planning clinic, medical clinic, and laboratory. Additionally, procedure codes for the monkeypox vaccines were added to the physician office and outpatient, medical clinic and family planning clinic fee schedules to reimburse CMAP provider when commercially purchased. The purpose of this change is to help promote access to monkeypox testing and vaccination to promote detection of the disease and prevent its transmission.

Fourth, this SPA amends Attachment 4.19-B to implement the following additions to the Medical Equipment Devices and Supplies (MEDS) fee schedule:

Code	Procedure Code Description	Quantity	Rate
A4284	Breast shield and splash protector for use with breast pump, replacement	1 pair per 6 months if different size flanges are required.	$14.54
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	1 per 5 years	*
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	100 per month	$0.26 each

* Procedure code E0183 will be priced at 85% of the Medicare fee schedule when Medicare pricing is available. If Medicare pricing is not available, then procedure code E0183 will be manually priced at the lesser of Manufacturer Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus 35%.

The purpose of adding these codes is to encourage and support breastfeeding among HUSKY Health members.

In addition, the Department will create an additional reimbursement methodology on the medical surgical supply fee schedule for extended wear insulin infusion set supplies by adding modifier SC – (medically necessary service or supply) to procedure code A4230 (Infusion set for external insulin pump non needle cannula type). The inclusion of modifier SC will allow a new frequency option for extended wear infusion set supplies which last 7 days versus 2-3 days for traditional infusion sets. These extended wear infusion sets will be priced at $143.48 per month which would be equivalent to billing 4 extended wear sets per month at a rate of $35.87 each. The purpose of this change is to provide HUSKY Health members with a new frequency option for extended wear insulin infusion set supplies, providing additional choice to enable members, in consultation with their clinicians, to best meet their clinical needs.

Fifth, effective October 1, 2022, as required by recently adopted state law in section 247 of Public Act 22-118, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items to Implement the State Budget and Authorizing and Adjusting Bonds of the State, this SPA amends Attachments 3.1-A and 3.1-B to remove the age limit for HUSKY Health members to receive services from naturopaths in private practice (solo practice or in naturopath groups). Before this SPA, naturopath services in private practice were covered only for HUSKY Health members under age twenty-one. This SPA does not change the reimbursement methodology or rates for naturopath services. The purpose of this change is to comply with the above-referenced state law and to provide increased access to naturopath services for HUSKY Health members.

Lastly, effective October 1, 2022, as required by recently adopted state law in section 25 of Public Act 22-81, An Act Expanding Preschool and Mental and Behavioral Services for Children, this SPA amends Attachments 3.1-A, 3.1-B, and

4.19-B to expand coverage for services provided by behavioral health clinicians in private practice. Specifically, this SPA newly enables an independent licensed clinician (defined as a licensed psychologist, licensed marital and family therapist, licensed clinical social worker, or licensed professional counselor) to bill for and be paid by the covered behavioral health services performed by an associate licensed clinician (defined as a licensed master social worker, licensed marital and family therapy associate, or licensed professional counselor associate) working under the person's supervision. This SPA does not change any scope of practice requirements, so an independent licensed clinician may supervise and bill for the services only of an associate licensed clinician that the person is authorized to supervise under state law. The independent licensed behavioral health clinician is paid at the same rate for services performed by an associate licensed clinician under the person's supervision as for services directly performed by the independent licensed behavioral health clinician. This SPA does not change the reimbursement methodology or rates for behavioral health clinician services. The purpose of this SPA is to comply with the above-referenced state law and to provide increased access to routine outpatient behavioral health services for HUSKY Health members.

Fee schedules are published at this link: http://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download.''

Fiscal Impact

DSS estimates that the HIPAA compliance updates for the physician office and outpatient fee schedule are not anticipated to change annual aggregate expenditures by in State Fiscal Year (SFY) 2023 and SFY 2024.

DSS estimates that increasing the LARC device rate as detailed above will increase annual aggregate expenditures by $58,207 in SFY 2023 and $79,355 in SFY 2024.

DSS estimates that the HIPAA compliance updates for the independent laboratory fee schedule, which includes adding the monkeypox diagnostic testing, will increase aggregate expenditures by $28,484 in State Fiscal Year (SFY) 2023 and $63,535 in SFY 2024.

DSS estimates that the HIPAA compliance updates for the family planning and medical clinic fee schedules, which includes adding the monkeypox diagnostic testing code, will increase annual aggregate expenditures by $1,810 in State Fiscal Year (SFY) 2023 and $4,021 in SFY 2024.

DSS estimates that addition the breast pump supply procedure codes to the MEDS fee schedule will increase annual aggregate expenditures by $629,540 in SFY 2023 and $1,414,196 in SFY 2024.

DSS estimates that adding the reimbursement methodology for extended-wear insulin infusion set supplies to the medical surgical supply fee schedule will not change annual aggregate expenditures because adding these codes is anticipated to result in a utilization shift to similarly priced codes.

DSS estimates that expanding coverage of naturopath services by removing the age restriction as detailed above will increase annual aggregate expenditures by $239,944 in SFY 2023 and $561,844 in SFY 2024.

DSS estimates that enabling independent licensed behavioral health clinicians (as defined above) to bill for the services performed by associate licensed behavioral health clinicians (as defined above) working under their supervision will increase

annual aggregate expenditures by $1,126,197 in SFY 2023 and $5,443,285 in SFY 2024.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference ''CT 22-AE SPA: October 2022 HCPCS Billing Code and Additional Reimbursement Updates to Specified Fee Schedules, Adding Monkeypox Testing and Vaccinations to Select Fee Schedules, Coverage Expansions for Naturopath Services and Behavioral Health Clinicians''.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 12, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

CT 22-AF SPA: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Expanding Coverage for Naturopaths and Behavioral Health Clinicians

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS), which will amend the Alternative Benefit Plan (ABP) at Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that is provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

Changes to Medicaid State Plan

Effective on or after October 1, 2022, this SPA will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to expand coverage for naturopath and behavioral health clinician services as detailed below.

First, as required by recently adopted state law in section 247 of Public Act 22-118, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items to Implement the State Budget and Authorizing and Adjusting Bonds of the State,

this SPA removes the age limit in the ABP for coverage of services for naturopaths in private practice (solo practice or in naturopath groups). Before the effective date of this SPA, naturopath services in private practice were covered only for members under age twenty-one.

Second, as required by recently adopted state law in section 25 of Public Act 22-81, An Act Expanding Preschool and Mental and Behavioral Services for Children, this SPA amends the ABP to expand coverage for services provided by behavioral health clinicians in private practice. Specifically, this SPA newly enables an independent licensed clinician (defined as a licensed psychologist, licensed marital and family therapist, licensed clinical social worker, or licensed professional counselor) to bill for and be paid by the covered behavioral health services performed by an associate licensed clinician (defined as a licensed master social worker, licensed marital and family therapy associate, or licensed professional counselor associate) working under the person's supervision. This SPA does not change any scope of practice requirements, so an independent licensed clinician may supervise and bill for the services only of an associate licensed clinician that the person is authorized to supervise under state law. The independent licensed behavioral health clinician is paid at the same rate for services performed by an associate licensed clinician under the person's supervision as for services directly performed by the independent licensed behavioral health clinician.

The purpose of this SPA is to comply with the state laws referenced above and provide increased access to naturopath services and behavioral health clinician services.

This SPA corresponds to SPA 22-AE, which adds Medicaid coverage and payment for these services to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B). This SPA cross-references to the description of the coverage in the Attachment 3.1-A pages for SPA 22-AE.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. Accordingly, the ABP will continue to provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under age twenty-one. This includes informing beneficiaries that EPSDT services are available and to inform beneficiaries about the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut's Medicaid State Plan.

Likewise, this SPA will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Fiscal Impact

DSS estimates this SPA will not change annual aggregate expenditures in Federal Fiscal Year (FFY) 2023 and FFY 2024 because the fiscal impact is being included within the underlying SPA, 22-AE.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference ''CT 22-AF SPA: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Expanding Coverage for Naturopaths and Behavioral Health Clinicians.''

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 27, 2022.

CT PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY

NOTICE OF INTENT TO REVISE ITS BYLAWS AND PLAN OF OPERATIONS

In accordance with sections 1-121 and 31-49o of the Connecticut General Statutes, notice is hereby given that the Board of Directors of the Connecticut Paid Family and Medical Leave Insurance Authority (''hereinafter the CT Paid Leave Authority'') intends to revise its Bylaws and Plan of Operations.

The proposed revisions to the Bylaws consist of the following:

- Clarify that ''CT Paid Leave Authority'' is an acceptable way to refer to the Authority in contracts and other legal documents
- Clarify that attendance requirements include participation in committee meetings and that if a Director's absence is due to a FMLA-covered reason, it will not count against their attendance
- Clarify that the Board could adopt a resolution giving the CEO power to delegate signature authority, instead of requiring a Board resolution approving the delegation
- Update references to the Authority's enabling statutes

The proposed revisions to the Plan of Operations consist of the following:

- Replace references to ''PFMLIA'' with ''the Authority''
- Update references to the Authority's Trust Fund

To request a copy of the proposed revisions the bylaws or the Plan of Operations or to submit written comments regarding the proposed revisions, please email

erin.choquette@ct.gov, including ''Bylaws and Plan of Operations Revision'' in the subject line.

All written comments regarding this policy must be submitted by October 27, 2022.